



# INTERIM REPORT FORM OPERATING GRANTS

Please indicate your **GRANT #** **FY** \_\_\_\_\_  
\* Located on the top right hand corner of your grant agreement.

Send completed form to: **New Hampshire State Council on the Arts**  
2 ½ Beacon Street  
Concord, NH 03301  
Phone: 271-2789 Fax: 271-3584

**DUE DATE: No later than July 31<sup>st</sup> of the first fiscal year of the two-year grant period.**

**FY03/FY04** – July 31, 2003 **FY04/FY05** – July 31, 2004 **FY05/FY06** – July 31, 2005 **FY06/FY07** – July 31, 2006

**IMPORTANT:** Extensions may be granted for up to three months and requests must be submitted in writing prior to the deadline. Failure to submit this report will make your organization ineligible to apply for Council grants for two years from the due date of report.

## **A. GRANTEE INFORMATION**

Name of Organization:

Type of Grant:

Address:

City, State, Zip:

Contact Person & Title:

Contact Person Address and Telephone (if different from Applicant Address)

Address:

City, State, Zip

Daytime Telephone:

## **B. BENEFICIARIES**

- 1) Indicate the actual total number of individuals benefiting from your organization's activities during the grant period (e.g., audience including broadcast, parents, participants etc., excluding employees and/or paid performers):  
\_\_\_\_\_ (Ind)
- 2) Indicate the actual total number of artists participating: \_\_\_\_\_ (Art)
- 3) Indicate the actual total number of professional New Hampshire artists participating: \_\_\_\_\_ (Nhart)
- 4) Indicate the number of communities benefiting from this project: \_\_\_\_\_ (Com)
- 5) Indicate the number of students/youth benefiting from this project: \_\_\_\_\_ (Stu)
- 6) Indicate what percentage of the project activities are directed toward arts education: \_\_\_\_\_ (%)  
If answer above is greater than "0" please check who were the activities directed to?  
Pre-Kindergarten \_\_\_\_\_ K-12 \_\_\_\_\_ Higher education \_\_\_\_\_ Adult Learner \_\_\_\_\_
- 7) Indicate the number of teachers involved: \_\_\_\_\_ (Tea)
- 8) Indicate the number of school staff involved: \_\_\_\_\_ (Adm)

## **C. BUDGET SUMMARY**

From Section F. Interim Financial Statement Part 1 & 2, complete the following: **NHSCA Grant Amount** \$ \_\_\_\_\_

**Total Cash Expense** \$ \_\_\_\_\_ **Total Cash Income** \$ \_\_\_\_\_ **Total Value of In-Kind** \$ \_\_\_\_\_

NAME OF ORGANIZATION \_\_\_\_\_  
GRANT #: \_\_\_\_\_

**D. WRITTEN EVALUATION**

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*On separate sheets, answer the following questions in the order they appear. Attach no more than 5 typed pages and please number your responses.*

1. Briefly, describe and evaluate the project/organization's activities in terms of the original application submitted.
  - Are you able to meet the goals and objectives as outlined in your strategic plan?
  - If not, what factors contributed to you not meeting your goals?
  - Have there been substantive revisions to your plan or mission statement?  
If so, please state what they are.
2. If there are differences between the projected income in your application and the actual financials presented in this report, please explain.
3. Please list names of communities benefiting from your activities during the first-year period of this grant.
4. Did you invite the Governor, Executive Council and members of the New Hampshire Legislature to attend your project/organization during the first-year period of this grant? Please list who attended.
5. How did you credit the New Hampshire State Council on the Arts and the National Endowment for the Arts (where appropriate) for their support? Please enclose sample of the credit as it appeared.

**E. DOCUMENTATION**

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1. Provide 5 to 20 photographs in the form of prints, digital images, or slides of the funded activity/project that show the range of activities funded. Digital images may be submitted on CDR and should be a minimum of 5" x 7" at 300 dpi. Images should be saved as jpg or IBM formatted TIF files.  
  
The State Arts Council may use images for promotional purposes. Therefore, please attach a list that identifies the content of each photo, the names of people pictured, and the photographer's name or source you wish credited and an identification of what the image portrays. Your submission of images will be interpreted as permission for the State Arts Council to publish the image/s for promotional/educational purposes.
2. Attach a selection of reviews and other publications about your project/organization's activities during the grant period.

NAME OF ORGANIZATION \_\_\_\_\_  
GRANT #: \_\_\_\_\_

F. INTERIM FINANCIAL STATEMENT

	YEAR 1	YEAR 2	
PART 1 - EXPENSES ONLY	CASH	CASH	IN-KIND

Please complete the information on lines provided. Attach more pages as needed and number sections accordingly.

1. Salaried Employees: (Salaries, wages & fringe benefits):

a. Administrative: .....\$.....\$ .....\$ .....

b. Artistic: .....\$.....\$ .....\$ .....

c. Technical/production: .....\$.....\$ .....\$ .....

2. Outside Fees & Services: (Independent contractor fees)

a. Artistic: .....\$.....\$ .....\$ .....

b. Other (specify): .....\$.....\$ .....\$ .....

.....\$.....\$ .....\$ .....

3. Space Rental: (location & rate):\$ .....\$ .....\$ .....

4. Travel: (Specify # of travelers, mileage & per diems)

a. In-state: .....\$.....\$ .....\$ .....

b. Out-of-state: .....\$.....\$ .....\$ .....

5. Marketing/Publicity: (specify): \$ .....\$ .....\$ .....

6. Remaining Operating Expenses: (Specify up to 5 major items)

.....\$.....\$ .....\$ .....

.....\$.....\$ .....\$ .....

.....\$.....\$ .....\$ .....

.....\$.....\$ .....\$ .....

.....\$.....\$ .....\$ .....

Total Cash Expenses .....\$.....\$ .....\$ .....

Total Value of In-kind contributions .....\$.....\$ .....

Identify sources of in-kind (donated services or goods) contributions:.....

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NAME OF ORGANIZATION \_\_\_\_\_  
GRANT #: \_\_\_\_\_

F. INTERIM FINANCIAL STATEMENT (continued)

YEAR 1

YEAR 2

PART 2 - INCOME CASH ONLY

Please complete the information on lines provided. Attach more pages as needed and number sections accordingly.

1. Revenue: (Earned Income) .....\$ .....\$ .....

a. Admissions: .....\$ .....\$ .....

b. Contracted Services (specify below): \$ .....\$ .....

.....\$ .....\$ .....

c. Other Revenue (specify below): .....\$ .....\$ .....

.....\$ .....\$ .....

2. Support: (Unearned Income): .....\$ .....\$ .....

a. Memberships: .....\$ .....\$ .....

b. Corporate Contributions (identify below): \$ .....\$ .....

.....\$ .....\$ .....

c. Private Foundations (identify below): \$ .....\$ .....

.....\$ .....\$ .....

d. Other Private Support: .....\$ .....\$ .....

(Includes fundraisers) .....\$ .....\$ .....

3. Government Support:

a. Federal: .....\$ .....\$ .....

b. State (do not include NHSCA grants): \$ .....\$ .....

c. Local: .....\$ .....\$ .....

d. New England Foundation for the Arts Grants: \$ .....\$ .....

Applicant Cash: .....\$ .....\$ .....

Sub-Total (Income from above): .....\$ .....\$ .....

+ NHSCA Operating Grant: .....\$ .....\$ .....

+ Other Arts Council Grants: .....\$ .....\$ .....

Total Cash Income: .....= \$ .....\$ .....

I certify that all the facts in this report and its attachments are true, and that the monies were spent as stipulated in the contract signed with the New Hampshire State Council on the Arts.

Authorized Signature \_\_\_\_\_ Title \_\_\_\_\_  
Name (Please type or print) \_\_\_\_\_ Date \_\_\_\_\_